Trust boards and governance: Composition and behavioural styles

Rosalind Searle, Alison Legood & Kevin Teoh

About the authors

Rosalind Searle is Professor of Organisational Behaviour and Psychology at Coventry University.
Alison Legood is a Lecturer in Work Psychology within the Work and Organisational Psychology Group, Aston University Business School.
Kevin Teoh is a Research Assistant and PhD candidate in Organisational Psychology at Birkbeck, University of London

Introduction

A Chinese proverb contends that 'fish rot from the head', implying that those at the top of organisations have a disproportionately high impact on it. In the wake of a series of hospital scandals, issues of governance and the capability and actions (or failure to act) of those at the top of the NHS have highlighted the role those in board level positions play in the functioning of hospitals.[1, 2] As stressed in both the Berwick review and Francis Report, the quality of leadership and governance at the top of NHS Trusts has been shown to be essential to patient safety and Trusts' performance, as well as to the conduct of those within these organisations. The topic of governance commands prominence and policy importance as a result of the high levels of change underway within the health sector, including the devolution of decision-making and the inclusion of new health care providers and commissioners.[3] Boards are faced with the challenge of balancing the demands of multiple internal and external stakeholders. Improving governance and accountability are critical matters that those at the top have to address, while at the same time developing a coherent strategy in order to deliver high organisational performance6. In this chapter, the governance and the executive within the NHS is considered in relation to psychological theory and research concerning corporate governance and boards. Recommendations are made in three areas which are crucial to enhancing the effectiveness of NHS Trust boards. These include: effectively balancing compliance and performance functions; board composition and underrepresentation; and achieving transformation via changes in behavioural styles.

Improving board effectiveness: The role of occupational psychology

Psychology plays an under-appreciated role in the development of practices within corporate governance, which are more commonly the domain of accountancy, law, and economics. In the following discussion, we seek to show how occupational psychology underpins and offers key insights into how boards' effectiveness can be improved, which have hitherto been insufficiently acknowledged.

The role of boards: Balancing compliance and performance

All management boards, especially those in the healthcare sector, have two important roles to fulfil:[4] conformance and performance. Each of these has both an internal and external focus (See Table 1). *Conformance* emphasises the achievement of short-term goals, externally through compliance with regulations and stakeholders ('accountability), and internally through the oversight and monitoring of standards ('supervision'). The Department of Health requires boards to ensure the achievement of excellent standards of care quality and patient experience. The second role focuses on *performance*, and involves a longer term perspective to identify and deliver the goals of the organisation. Externally, this involves the development of core values and long term plans ('policy formulation'); and internally the implementation and review of these plans ('strategic thinking').

Table 1: Board functions[4]

Conformance/Short term	Performance/Long term
Internal	
Supervision Appointing, overseeing and rewarding senior management	*Strategic thinking* Agreeing strategic direction
Monitoring finances and key performance indicators	Reviewing and deciding long-term plans, including resource allocation and investments
Managing risks	
External	
Accountability Ensuring external accountabilities to regulators and stakeholders are met	*Policy formulation* Determining the organisation's mission and values
Ensuring compliance responsibilities (e.g. audits, inspections and reporting)	Deciding long-term goals
	Developing appropriate policies and systems

During periods of ambiguity and change, however, clarity, guidance and support from the top is vital to retain staff focus on patient-centred care, and so avoid governance issues being reduced to mere box ticking.[1, 3] Similarly, myopic attention on performance can be achieved at the expense of clinical care, quality and compliance,[1] with this lack of oversight this creates evident in the high profile examples highlighted in the Keogh review.[5] Despite the need for balance, a survey of 15 primary care Boards in England and Wales showed a tendency towards over attending on financial and administrative related issues.[7] This is not surprising given that Monitor[8] recently reported that 26 per cent of NHS Trusts were predicted to be in financial deficit for 2013–14. The challenge for boards, however, is in striking an appropriate balance between conformance and performance, with those attentive in both strategy and governance more effective.[3, 9-12] Possible steps that can be taken to ensure this include:[6, 13, 14]

- Ensuring as part of selection that all board members understand their role and this need for balance.
- Provision of thorough induction, ongoing training and development, and annual performance management which reinforces this attention on both aspects of the role.

- Boards should identify the impact of how they work on their own and their staff's degree of engagement, morale and well-being. This can be done via anonymous 360 ratings (e.g. *B360*) or self-assessed evaluations (e.g. *Board Self-Assessment Questionnaire*).
- Ensure the board is aware of key compliance issues, including responsibilities, deadlines, and stakeholders involvement.
- Attention to devolve appropriately aspects of conformance functions to lower levels of management to enable a greater focus on performance.
- When decision making and responsibility is delegated to those at lower levels of the organisation, ensuring adequate oversight is retained to enable the board to detect and attend to problems.
- Recognise the limitations and subsequent implications of the range of data and processes within healthcare, (e.g. mortality rates, self-assessed board evaluations).
- Assess on an regular basis (e.g. annually) the purpose, values, vision and corporate culture of the organisation and ensure it remains appropriate in a changing environment.
- Encourage intelligent naivety, whereby staff are encouraged to query and clarify, helping to challenge routines and frame issues differently.
- Develop diversity at all levels, especially the board, as a means of facilitating different thinking styles, backgrounds and experience in approaching issues and identifying new solutions (see below).
- Evaluate the types of information presented to the board, in terms of its relevance and quantity, in order to reduce information overload and poor decision-making.

Board composition and diversity

There has been growing research examining the impact of board composition and diversity on organisational performance,[15, 16] including on the executive within a healthcare setting.[2] For example, in one review of 19 English NHS Trusts' board effectiveness, Chambers et al.[17] identified a number of key features present within 'high performing trusts'. Specifically, these included more female board members and more active non-executive directors, which were associated with better staff and patient experience and higher financial and clinical performance. The lack of diversity within hospital boards through appointment of members from a similar background is an issue which needs to be improved as part of NHS culture change.

The rationale behind diversifying boards lies in overcoming 'groupthink'. Groupthink is a social psychology phenomenon characterised by the domination of distinct ways of thinking, typical in cohesive groups. Groups characterised by groupthink often fail to adopt more critical and less entrenched decision-making. Accordingly, boards comprised of figures with a diverse range of backgrounds and experiences are likely to have a broader set of knowledge and perspectives, which can be drawn upon to enable a breadth of perspectives to be considered, thus suppressing the emergence of groupthink. It is worth noting that while the underlying logic for diversifying boards is applicable to all under-represented groups,[2] the majority of our understanding in this area is constrained to the underrepresentation of clinicians and women at board level, as well as the engagement of non-executive directors.

Clinician representation

Clinicians are still in a minority on UK health boards,[21] yet they can provide medical expertise and credibility, help direct scarce resources and promote more effective communication between management and clinical staff.[22, 23] It is therefore not surprising that those with greater inclusion of clinicians have been linked to enhanced financial performance,[24, 25] clinical effectiveness[26, 27] and greater patient satisfaction,[21] as well as reduced levels of mortality.[21, 27] The Francis Report[1] stressed the detrimental impact where a profession has neither a voice at the board level, nor is able to make their concerns heard by the leadership. Significantly, where there are low levels of clinician participation, a more general disengagement occurs amongst junior medics, with concerns even involving standards of patient care left unpursued. Interestingly, the same benefits were not found for directors from other clinical domains, such as nursing or other allied health professions.[21]

Female representation

In contrast to clinicians, the underrepresentation of women at board level is not unique to the healthcare sector, and remains an issue in both the public and private sectors. Psychological studies have coined terms including the 'glass ceiling'[i] 'glass cliff'[ii] and 'labyrinth' to describe the lack of women in senior leadership positions.[28] Within the health context, female directors have been found to enhance hospitals' clinical and financial performance.[2, 29] In other sectors, women executives are typically more conscientious in their preparations, more devoted to issues of monitoring and governance, more benevolent than their male counterparts, and ask more challenging questions.[30, 31, 32] The attraction of women candidates to board roles, however, can be problematic as their life and career trajectories can differ from their male counterparts such that neither potential candidates nor headhunters may recognise the transferability and value of their skills.[33]

Non-executive director representation

A final important group that can further enhance the effectiveness of boards are non-executive directors, who should make up half of NHS boards. These are leaders drawn from other the public, private and third sector backgrounds.[2, 34] Evidence highlights the value that diversity in experience, expertise and background non-executives bring.[2, 35] Specifically, non-executives are pivotal in raising the attention of the board and providing knowledge about governance; they can refocus CEOs' attention onto compliance, and boards with a governance focus are shown to perform better.[3] However, the challenge can lie in non-executive directors engaging and understanding how health organisations operate.[36] For example, the Francis Report[1] singled out the detrimental impact to Mid-Staffordshire NHS Trust of non-executives who remained aloof from operational concerns, even where they constituted a potential risk to patient safety. Thus, all of this further underlines the importance this group has in developing more effective healthcare boards.

Interventions to encourage board diversity

There is a growing emphasis on the importance of ensuring these key groups are represented and engaged at board level, bringing both the appropriate skills and a

i The glass ceiling refers to women's lack of advancement into leadership positions despite no visible barrier

ii The glass cliff explains that woman are typically appointed to precarious senior leadership positions where failure is often inevitable. The Labyrinth describes the career progress faced by women. See DOP Women at the top for more information

demonstrable commitment to NHS values. Where the NHS is regarded as a problem and failing sector, through its portrayal in the media and in government performance tables, there can be a decline in the calibre and size of the recruitment pool (see [56] for comparable push and pull factors within recruitment and retention at all levels within child protection social worker). Measures that can be taken to do so include:[19, 32, 34, 36-38]

- developing a clear strategy and action plan to enhance the diversity of the Trust's board, and making this information available to the public;
- utilising an open and transparent selection process where equality and diversity are important themes throughout the recruitment process;
- advertising and holding awareness raising sessions for non-executive positions in order to reduce the reliance on recruitment through personal contacts and friendship networks, which erode diversity of perspectives;
- emphasising key competencies and skills of candidates, instead of previous health experience;
- establishing a standard requirement to include clinical representation on each board;
- effectively managing the time commitments and responsibilities of non-executive directors, and providing support for newly appointed non-executive directors to learn about the organisation, its people and its context; and
- conducting and making public the results of skill audits of board members, to ensure an effective balance of knowledge, skills, expertise, and backgrounds.

Achieving transformation through changes in behavioural style

Boards have it within their power to transform organisations simply by the way they behave with each other and with other stakeholders. Psychology theories, such as upper echelons theory,[40] explain how those at the top of any organisation play a critical role in developing and maintaining a positive culture. Senior executives set the tone for the behaviour within the organisation, and are a key referent for enforcing policies.[6, 41] For example, bullying or overassertive behaviour by board members undermines the board's effectiveness and can create an environment for other staff to follow suit.[3, 42-45] Boards should therefore be made aware of the influential part they play in terms of behaviour modelling and the salience of their actions for observers further down the hierarchy.

Within the healthcare sector, research has found that cultures which emphasise openness, trust and patient care are linked with improved staff well-being and satisfaction, being more responsive to error detection, the breaking down of professional distinctions, and better hospital performance.[42, 46, 47] Such cultures emphasise the sharing of knowledge, information and innovation, which are also important in helping reduce costs and achieving savings, lower waiting times, and produce greater throughput of day cases. Encouraging and dispersing decision-making throughout the organisation enhances discretion and autonomy through more participative decision making, and has been shown to facilitate trust.[48, 49] Similarly, trust and openness can be improved by engaging and acting with staff feedback and concerns.[50-52] Indeed, studies have found an open climate for communication to be a key predictor of trust in senior management and subsequent positive attitudes towards the organisation, such as affective commitment.[35, 50]

By creating cultures of safety and ensuring realistic expectations individuals, whether patients or staff, will feel safe but also supported to raise their legitimate concerns. This approach, coupled with demonstrations of their ethical behaviour, attracts followers' attention and awareness, enhancing adherence towards ethical standards.[53] The development of safety culture is essential in ensuring that compliance functions, described earlier in the chapter, are not restricted to checklists and paperwork.[36] The board therefore plays a pivotal role in signalling how important patient care and clinical issues are to the organisation. The involvement of the board in clinical issues, especially in leading quality committees, has been associated with lower morbidity rates and better quality of care.[26] Despite this, a review of board agendas of 60 trusts revealed that only 14 per cent of items related to clinical issue and patient care.[54] Furthermore, it matters how and when clinical items are presented in agendas.[41] When items are presented as information, rather than for discussion, or when clinical items are scheduled for the end of board meetings, discussions tend to be shorter and lacking in depth.

The board's role in developing a healthy organisational culture should be part of a wider organisational intervention. However, there are a number of actions boards should take as part of this process, including:[6, 13, 34, 47, 52, 54, 55]

- Leadership development programmes that identify key behaviours, and gather 360 information on whether and how these behaviours are being demonstrated. This will directly raise awareness and knowledge of leadership behaviours. Attention on modelling of such behaviours by top team members in all their interactions, especially with each other, hospital staff, patients and their families, and other stakeholders.
- Treating all board members respectfully, with zero tolerance of bullying or 'over-assertive' behaviour in meetings or interactions – e.g. through the use of yellow and red cards.
- Recognising the importance of staff and patient surveys as a mechanism for gathering insight on these stakeholder groups' concerns. However, such information must be used to create and deliver change, and such communicated back to stakeholders to show the board are listening and do act.
- Holding open board meetings and publicising board level discussions and decisions on key issues.
- Ethical conduct can be increased by training. However, simple behaviours, including talking openly about dilemmas and board members acting in an ethical fashion, can influence the performance of others, raising the quality of the care and service patients receive.
- Open and available leaders, not mere gestures, are required, with leaders that are genuinely available and willing to listen, and to act and address concerns. Part of this includes transparent communication and the re-calibrating of user and staff expectations where certain services or quality of service cannot be offered.
- Committing to clinical care and patient experiences by setting aside a fixed proportion of time, early on in board meetings, to discuss clinical issues.
- Speaking to patients, their families, and staff, who have been involved in a serious harm incident, or who have raised concerns about their experiences of the NHS trust.
- Developing a framework for the information required to assess clinical quality and maintain patient safety.

Conclusion

One caveat to consider is that while suggestions are made to help enhance board effectiveness, there are no golden rules or 'right' structure. Instead, the suitability and effectiveness of these suggestions need to be considered and evaluated in relation to the context in which the board and trust is set.[2] In addition, effective board governance is a complex and dynamic procedure, and it is beyond the scope of this chapter to consider all aspects of it. However, in summary, through the more effective directing of recruitment and selection, and attention towards how those at the top behave, the transformation required among NHS hospital cultures can be greatly enhanced so as to ensure they achieve more inclusive, safe and high quality patient care.

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